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Changing Shapes of Care: Expressions of Filial Piety among Second-generation Chinese in the Netherlands

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Abstract

This study explored perceptions of filial care among second-generation Chinese immigrants in the Netherlands. The provision of filial help or care can be regarded as a cultural phenomenon known as filial piety and it can be considered within the broad scope of caregiving as “family care”. Fifteen interviews were conducted, and a thematic analysis was applied. The findings

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showed that care was given in the form of language brokering, information inquiry, home visits, and facilitative and social support. Care was perceived as a moral duty among the participants and was grounded in their perceived sense of responsibility. The participants' perspectives on current and future care included practical and normative considerations for meeting parental needs, and included opinions based on filial piety norms. In conclusion, this study showed that filial piety, specifically filial care, is still relevant to the younger immigrant Chinese community in the Netherlands.

Keywords

filial piety, social capital, language brokering, intergenerational care, Chinese migrant, family dynamic, caregiving, culture

Introduction

The Netherlands, as with many other Western countries, has experienced considerable migration since 1945. Today, the fifth largest group of non-Western immigrants in the Netherlands is ethnic Chinese, with an estimated 110,000+ first- and second-generation immigrants (Gijssberts et al., 2011). With the dream of building a better life for themselves and their family in a new land, migration comes with struggles of being foreign to the culture and with language barriers and unfamiliarity with the new society's systems. When this immigrant generation encounters barriers, they can be guided by the innate knowledge of their children in navigating within the host society. These children, or second-generation immigrants, are placed in a role reversal as they provide support and function as a broker for their parents.

The provision of help or care from children to their parents can be regarded as a cultural phenomenon. Specifically, it may relate to the cultural heritage of the Confucian concept of filial piety in which one has the responsibility of providing care for one's parents when necessary and possible. The care or help provided may be considered within the broad scope of caregiving as "family care". A unique form of care that can occur in the setting of an immigrant Chinese family is language brokering by the children on behalf of the parents. The brokering, which takes place using the intercultural assets of the second generation, can be considered a modern form of actualizing filial piety among the Chinese immigrant community. Therefore, this qualitative study aims to explore filial care practices and whether these are notions of filial piety among second-generation Chinese-Dutch young adults.

Difficulties among Chinese Immigrants

Due to discrepancies between their own heritage culture and the host society's cultural norms and ideals, first-generation Chinese immigrants are more prone to mental problems. In addition, barriers to appropriate formal care and support arise as a result of insufficient language proficiency and lack of knowledge of the (social) care and support system (Gijsberts et al., 2011; Smits et al., 2006). These cultural and integration contrasts may be problematic for this group. Research into the complexities of Chinese immigrants in Dutch society is limited, and what is available indicates that older Chinese immigrants are less likely to utilize health care services because barriers to formal care are experienced due to unfamiliarity with the Dutch system, cultural discrepancies, and communication difficulties (Gijsberts et al., 2011; Liu et al., 2015).

Contrary to the situation of first-generation immigrants, second-generation immigrants are native to and familiar with their host culture and society, as they have been raised in their host society. Therefore, they can provide informal care themselves or act as a mediator for their parents to facilitate access to formal services (Bauer, 2016). These practices usually occur in an intimate setting within the family and are concealed from society. This family dynamic may not only be governed by its necessity but can also be a combination of necessity and a cultural phenomenon, as the younger family members act in the interest of their parents.

Filial Piety and Caregiving among Immigrant Chinese Families

Intrafamilial behavior and dynamics are culturally grounded, as they direct, define, and give meaning to family responsibilities and duties. As a set of cultural norms, filial piety embodies a range of normative obligatory expectations that are related to familial relationships—in particular, the reciprocal relationship between parents and children as well as the intergenerational transaction of inheritance and power. It encompasses aspects such as promoting the public prestige of one's ancestors, producing male descendants for the continuation of the family lineage, the expectation of children's respect for and obedience to their parents, and living with and taking care of one's parents (Cheng & Chan, 2006; Chow, 2006; Chow & Lum, 2008; Lee & Kwok, 2005; Tang 2006; Yeh 1997).

One of the most prominent values rooted in filial piety concerns the arrangement of care for parents if they are unable to care for themselves or become ill (Fu, 2016; Lum et al., 2016; Mjelde-Mossey et al, 2008; Yeh et al., 2013) and the provision of monetary support to parents whenever necessary

(Fu, 2016; Lum et al., 2016; Mjelde-Mossey et al., 2008). Moreover, as filial piety is a culture-specific family duty and responsibility, Chinese immigrant families in Western societies are known to “care for their own” and underutilize formal health services, and filial piety has thus been widely used in research to study the dynamics in Chinese families (Canda, 2013; Chappell & Funk, 2011; Dai & Dimond, 1998; Hsueh, Hu & Clarke-Ekong, 2008).

Although filial piety is commonly practiced in Chinese families, traditional practices of filial piety have been subject to gradual modification, if not erosion, due to the Westernization of family bonds as a result of migration to Western societies (Chappell & Kusch, 2007; Dong et al., 2014; Laidlaw et al., 2010; Lan, 2002; Lee & Kwok, 2005; Ng et al., 2002; Park & Chesla, 2007). For example, Lo and Russel (2007) have shown in their study that the expected filial piety among older Chinese immigrants in Australia has evolved to where activities of daily living (ADL) needs were met by the utilization of external health care forces, thus conforming to the host society. The filial support given by the children was limited to low-level support, such as shopping and house cleaning. Moreover, filial caregiving was also subject to acculturation into US society among Chinese-American caregivers (Hsueh et al., 2008). Contrary to traditional beliefs, filial care has been perceived as a shared responsibility between the children and the government. As demonstrated in the study of Lan (2002), hands-on care for elderly first-generation immigrant Chinese-American parents may not be provided by the second-generation immigrants themselves. Instead, such care may take the form of hiring Taiwanese care workers as a concession between the traditional practice of filial piety and the maintenance of one’s livelihood in the US society. In this way, filial piety is fulfilled in monetary terms by the children providing care for their aged parents without having the additional strain of that care in their lives. Therefore, it could be said that the conventional understanding of filial piety and filial care is subject to change among those experiencing the Chinese diaspora.

Redefining Filial Caregiving by Second-generation Chinese Immigrants

In addition to the possible changes in the normative understanding of the tasks and duties that second-generation Chinese immigrants perform for their parents, second-generation immigrants may offer care and/or support to their parents in a wide variety of ways. Their filial obligations are actualized in a new context and embedded with new meanings. As inspired by the rich and abundant literature on social support, which can also be conceived of as being

similar to care, there can be a wide range of support, from tangible to intangible support; personal, practical, and instrumental assistance and care to information giving; and emotional support to esteem and appraisal (House, 1981; Sarason, 2013). As the conventional understanding of care relates to the support of ADL or physical- or illness-related care, these forms of support may not be included. Moreover, meeting the needs of parents in the context of second-generation immigrants may be considered “care” by Becker’s caregiving continuum (Becker, 2007).

This continuum of caregiving suggests that all activities can range from the “light end” to the “very heavy end” of the caregiving spectrum (Becker, 2007). As the degree within this spectrum progresses, the provided care tasks increase in their responsibility, regularity, intimacy, complexity, and duration. Furthermore, the spectrum allows the most common tasks provided by children, for example, simple household chores, to be regarded as “care”. However, as cultural diversities exist regarding responsibilities assigned to certain age groups, tasks bearing more responsibility may be considered inappropriate within some cultures, whereas they may be accepted in others. This may include small yet meaningful practices that might only occur in family settings, such as language brokering. As the younger second-generation family members acculturate faster than the older family members, the former act as mediators by using their language skills and cultural knowledge for the family members in the outside social world, which is foreign to the family environment (Orellana, 2003). The study by Bauer (2016) demonstrated that language brokering is regarded as care among former language brokers.

Therefore, it is possible to consider second-generation Chinese young adults to be providing care tasks to their parents in alternative ways, that is, by serving as a bridge to help their parents, who may encounter barriers to daily practices and formal care. As such, care can be a wide range of activities and in various forms; this assistance can be conceptualized as “family care”. Thus, the specific social context of Chinese immigrants in the Netherlands provides the opportunity to explore perceptions regarding filial care. Furthermore, to the authors’ knowledge, no other study has examined filial piety among the Chinese minority in the Netherlands. This study can therefore serve as groundwork for studies on possible interesting and important manifestations within the familial context of the Chinese diaspora in Western countries.

Following the identified gap in the literature, this qualitative study aims to explore the perception of Chinese-Dutch young adults regarding providing care tasks for their parents and whether these are expressions of filial piety, as they have been living in Chinese households in a Western society.

Table 1. Demographic Background of the Participants.

	Participants (n = 15)
Mean age (SD)	22.3 (\pm 2.5)
Gender	
Female	11
Male	4
Country of birth	
Netherlands	13
China	2
Education	
High School	2
University	13
Current profession	
Student	11
Employed	4
Living situation	
At home	7
Away from home	8
Country of ancestry	
China	13
Hong Kong	2

Methodology

Study Sample and Recruitment

The criteria for eligible participants included having parents who had migrated from China, Taiwan, Hong Kong, or Macau. The majority of the participants were female university students with an ethnic origin from China. The ratio of participants living in a parent’s home and participants living away from home was equally divided. Furthermore, participants were 18 years to 25 years of age, with a mean age of 22.3 years (\pm 2.5), as presented in Table 1. This age group was selected because this population should have cultivated their “home values” and may have a history of providing care from the perspective of a broader conceptualization of care during their youth and the continuance of this practice (Luo et al., 2013).

Several Chinese social organizations, including university student organizations, were approached on social media to recruit participants. Local Chinese schools were contacted by email. Teachers then introduced the study

to eligible students in their classes, along with a request for participants. When there were positive responses, the first author was then invited to conduct interviews. The first author also approached Chinese restaurants and snack bars. The first-generation individuals were usually present at these locations and they were asked if they or their acquaintances had children eligible for participation. Cantonese was used, as first-generation Chinese immigrants understood Cantonese better than Dutch, which may have enhanced their willingness to cooperate. As there was no sampling frame available and the study aimed to collect and describe views and experiences, a snowballing method was applied at the end of each interview.

Data collection and Analysis

Fifteen explorative semi-structured interviews were conducted by the first author, in which saturation was reached after eight interviews, as no new meanings or data were found. The interviews were conducted between May and July 2017 at locations convenient for the participants. This was either at home, a Chinese school, a university, a workplace, or a library. The Dutch language was used during the interviews. The in-depth understanding and unique responses of the participants' opinions and attitudes were explored. The interviews would start with questions such as "Do your parents have health problems?", "What do your parents need your help with?" and "What do you find important to do for your parents?". This evolved into a discussion about the underlying motivations and meaning of caring for the parents and future care. Each participant's story led the conversation rather than an interview format in order to maintain an inductive approach. The interviews lasted one hour on average, after which existing questions were revised and, if new insights were found, new questions were iteratively formulated. As part of member checking, a summary was constructed after each interview and was sent to the participants for confirmation. Seven participants did not respond to this request. Eight participants responded and agreed to the constructed summary, and no further changes were made. The interviews were then transcribed verbatim.

Each transcript was read at least three times to enable the first author to become acquainted with the data. A thematic analysis was used for the analysis of the data, with an emphasis on describing and exploring aspects of filial piety and filial care rather than theory building (Gray, 2013; Saldana, 2009). The analysis included open coding whereby codes were applied to the data, for example, regularly visiting home, care provided by siblings, responsibility. The codes were subsequently used to form categories, for example, moral duty and provision of support. Finally, relationships between the categories

were explored throughout the data. The data analysis was performed independently by the first and second author. The first author analyzed the data three times. The second author performed an analysis in order to validate the main themes and categories. The findings were compared, and inconsistencies were discussed.

Ethical Considerations

Permission for this study was granted by Vrije University Amsterdam. Written informed consent was provided by the participants, who were informed of the option to immediately withdraw their participation at any time without any reason and the option to refuse the disclosure of certain questions. Furthermore, the aim of the study was explained to the participants in lay terms, and an opportunity for questions was offered prior to the interview.

Findings

Three themes and their subsequent subthemes regarding the participants' perspectives of filial care were ascertained. Descriptions of their care provisions are first explored, specifying how the types of "duties" were performed and shared within the family. This is followed by exploring the underlying motivations for how they perceive these tasks in a practical and normative dualism. Finally, their perception for future care and, specifically, the choice for nursing homes for their parents is also discussed with a similar approach. Throughout the presented data, pseudonyms and ages are provided along with participants' quotes.

Provision of Support to the Older Generation by the Younger Generation

The tasks performed by the participants were not regarded as "care" but rather as "helping their parents". This may be because the Dutch word for "care" in layman's terms is associated with formal medical care similar to nurse-like tasks, such as changing bandages, assistance with medication, and meeting other ADL needs. However, the informality and broader meaning of care that is central to this study is captured by the word "helping" and is therefore a better representation of the support provided by the participants.

Some of the reported tasks were related to their parents' well-being, while others, such as language brokering, were more facilitative in nature. Furthermore, the division of these tasks was also clearly based on age or birth

order (first born, second born, etc.), availability, and the capacity of the children within the family to fulfill certain tasks.

Language brokering. Language brokering was mentioned by eight participants. Often, they themselves would not bring this up when asked about the tasks performed. However, the task would be mentioned by the participants when prompted about helping their parents with language issues. Language brokering primarily referred to reading incoming letters for their parents. Three participants only had to confirm the understanding of the parents' interpretation, as their parents had relatively good language comprehension, whereas in other cases, the participants were required to translate the message of the letters to their parents. For participants whose parents were relatively dependent on their children's language brokering, five participants mentioned that they would have to facilitate access to health care resources such as arranging and/or attending doctor appointments and arranging health-insurance-related matters. This would vary in frequency, depending on the required language comprehension for a certain task.

Division of language brokering duties. These tasks are usually fulfilled by the participants and their siblings. The choice of person depends on age, availability, and capacity. The oldest sibling in the family was commonly the first choice of the parent, as this is common practice in Chinese families. Of all of the siblings, the oldest sibling was expected to bear most of the responsibilities. If the oldest sibling was unavailable, the choice of another sibling was based on age, availability, and capacity to fulfill the required task.

Information inquiry for parents. Three participants mentioned that they initiated inquiries for information and sharing information with their parents. Unlike language brokering, inquiries for information were not requested by parents, who had no knowledge of such inquiries until the participants decided to share the information with them. The reason for such inquiries was concern for making a well-informed health decision or simply for ensuring general benefits for the parent. For example, one participant mentioned how she found information about how women live longer than men due to being more exposed to physical touch with people, especially children. After she discovered that, she began to regularly hug her mother for the possible health benefit it might provide even though they would never normally hug.

Care provision for grandparents. Four participants mainly provided assistance with local services or through language brokering for their grandparents. The grandparents may be more dependent than the parents, as it was mentioned

that the participants would drive the former to local services, such as the supermarket or hairdresser, in addition to language brokering. It is notable that care provision to grandparents was a shared responsibility with their parents when it was a task that both generations could accomplish. If it was not, it would be only a shared responsibility among the participants and their siblings, and, if applicable, their cousins. The choice of family member would follow the same order of age, availability, and capacity as the situation between parents and children.

Other forms of contributing to the wellbeing of parents. In addition to their facilitative tasks, the participants mentioned other forms of support, including actions through which the participants themselves could contribute to the well-being of their parents by providing a listening ear for their complaints or worries and regularly visiting their home, for those who had moved out. Regular home visits were said to be important, as the participants perceived that their parents highly appreciated seeing their children regularly once they moved out.

Responsibility to Provide Care for Parents

When discussing the motivations for helping their parents, the participants indicated that they felt responsible whenever help would be necessary. This sense of responsibility was expressed regardless of the current necessity of care provision for their parents. Moreover, providing care (or helping parents) was considered a moral duty among the participants that should be fulfilled whenever necessary or requested by parents. The participants emphasized morality, stating that helping their parents gives them a good feeling. The example of Jack (24 years) illustrates the internalized morality of feeling responsible for a parent's well-being. He would, from time to time, provide a listening ear for his mother's complaints and worries about her children, including himself. The fact that his mother experienced "stress" due to worries about him evoked feelings of guilt in Jack regarding his mother.

Although "helping one's parents" was considered a moral duty among the participants, the underlying reasoning that was reported could be separated into practical and normative reasoning. Although there may have been practical considerations, there was a common underlying "normative" thought behind both the practical and the normative reasoning, that is, the health and well-being of the parents was important.

Practical reasoning. The participants stated having motives of a practical nature for helping their parents. This included the perception that the

provision of either care or help to their parents was motivated by a perceived necessity to care for them. One example is illustrated by the response of one of the participants, Zoe (23 years), who had moved out during her university education. Her weekly visits to home were motivated by her mother's social isolation.

Language brokering was indicated as being a "small effort" for the participants but a great help to the recipients. This reasoning was used by the participants as a motivation for providing language brokering. In cases where the participants were requested for such duties but they had prior obligations during the time, the importance and priority of both activities were considered. This calculative reasoning was a consideration for performing such tasks. Henry (25 years) talked about choosing to accompany his father to hospital appointments during times when he himself needed to attend university lectures, which also expresses calculative reasoning.

There is a very good reason that your father has to go to the doctor, you know. That outweighs, [worries about] "what if I won't pass the exam?" Then, I will repeat that course next year. Or that is what I can use the retest for.

Normative reasoning. Participants also underpinned their perceptions towards helping their parents with normative standpoints, although not exclusively with "practical reasoning". Within this normative reasoning behind taking care of one's parents is a possible distinction between caring for family as a universal value and as part of the cultural heritage of the participants. Within the latter category, perceptions based on filial piety were found.

Filial care as Cultural Heritage. Two concepts show how the participants considered caring for their parents to be a characteristic of their cultural heritage. The first includes participants' expressions about how their parents have stressed the importance of the place of family in their lives. Throughout their childhood, the values of placing the family first were demonstrated and/or taught by their parents. In addition, along the lines of teaching the importance of family, it was also taught that they should prioritize family duties over their own individual duties. This was noted to be in contrast to their experience of their Dutch peers or friends. Although most of the participants did not have to provide extensive care to their parents, they had already incorporated such values into their behavior. For example, one participant noted how she struggled with choosing an appropriate city to move to, as she took into consideration her parents' desire that she not move far from her hometown.

The second concept refers to the family relationships and their dynamics among other family members that were observed by participants. Often, their

parents' or grandparents' relationships were discussed, as were observations of their parents providing care to or meeting the needs of their grandparents. For the participants whose grandparents live in their country of ancestry, financial aid given from their parents to their grandparents was the main example. Other forms of care performed by other family members, such as aunts and uncles, for their grandparents were also significant to the participants. This was observed when they visited their family in their country of ancestry, as was how the care for the grandparents was arranged, such as living with their uncle or aunt.

Filial piety-based perceptions. Overall motives include views in which the participants have developed a reciprocal meaning of helping or caring for their parents as a result of experiencing their parents' hardship during the participant's childhood. These hardships resulted from the parents' contributions to giving them as good a life as possible, the sacrifices the parents made to realize this, and the efforts made for their upbringing. Some participants explicitly voiced how this perception formed the foundation for helping their parents. Lana (19 years) expressed this with a comparison of how her parents had to have patience while raising her ("taught me how to hold a spoon to eat") and how she should return this effort when her parents request her help.

My parents have done a lot for me, and I kind of feel an obligation to help them when they have problems or need help. They have taught me how to hold a spoon for eating. So, when they encounter a problem with a laptop or something else that they don't understand, then, I often find it quite annoying somehow. Then, I am kind of annoyed why they don't understand it, but I also think: "Well, they have done the same thing for me, so I shouldn't be difficult" when I have to help them.

The hardships and sacrifices of the participants' parents reflected the difficulties of migration. For example, some parents had had relatively a good job and life in their country of ancestry, which they then left. In addition, it was mentioned that these parents worked hard after their migration in order to realize a better future for their children. One participant spoke of how her parents lacked the time to raise her and her brother, and, consequently, the two had to temporarily be raised by her grandparents in China. Another participant, Scott (24 years) spoke of how the difficulties of a divorce and migration affected his mother's life and how this defined his relationship with her.

Look, that I had to abandon my friends and family [in China], is one thing. But she [*his mother*] had built up a whole life there [in China] and that had to be

gone suddenly, and that is definitely ten times harder for her [than me]. But also, her dream was, [having a] career and that kind of thing [she] had to leave behind when they [his parents] divorced and when she became a single parent and had to take care of me, she sacrificed all of that for me. That is why I . . . it motivates me to do my best for. . . building a better future for her, in return.

Caring as a universal value. The participants also noted that, in addition to “caring for one’s parents” being a characteristic of their cultural heritage, it may also be a universal value as, regardless of one’s cultural background, this is something that every human being would do. In one specific case, the participant spoke of her willingness to help her parents, as she highly valued the norm as being helpful rather than the norm coming from her specific cultural background in which one should care for one’s parents in return for their earlier care.

Future Care Arrangement for Parents

The final theme was how the participants perceived the future care of their parents. Similar to the responsibility towards parents, this theme was possible to distinguish in practical and normative lines of thought. Participants were prompted to discuss how they perceived the future care for their parents in terms of the choice of taking care of their parents themselves or the use of institutionalized care, such as a nursing or senior home (which will be further grouped as nursing homes).

Practical considerations. Many participants expressed practical considerations for future arrangements. These included matters such as the future cultural background of their partner, the amount of time they would have available, their financial resources, their city of residence, the properties of the nursing home, and nursing home’s appropriate care for certain diseases. Mostly, the perceived risk of potential harm to their parents’ well-being was estimated based on their parents’ acculturation to Dutch society and the suitability of the nursing homes. Acting according to their parents’ wishes was considered the best solution. Opinions on the use of nursing homes varied from complete acceptance to rejection. There was concern that their parents would “feel lonely” if the participants opted for a nursing home for their parents. Consequently, it would mean that, although some participants were positive about the concept of nursing homes, they stated that they would prefer to take care of their parents themselves, as they know their parents would not agree with going to a nursing home.

On the other hand, it was also discussed that the participants trust that a nursing home could provide more appropriate health care for their parents than the participants could. Although they may understand that making use of nursing homes is not widely accepted in the context of their cultural heritage, some participants have mentioned how their parents have voiced openness towards the idea. By doing so, the expectations for filial care were shaped between the generations. Liana (24 years) says:

Actually, I already know that they [*her parents*] don't expect that from me [to take them in later]. So, I think, if they [*her parents*] would say: "Well Liana, I want to go live in with you later," then I would, of course, think more about it and also ask them: "Why? There are so many other things [such as elderly facilities] here [in the Netherlands] and do you think that that is the best [option]?" But they never asked [me to take them in later] and I know that they don't want that.

Normative considerations. The participants also expressed their opinions about nursing homes apart from practical considerations. The participants stated that they perceive the future care of their parents as a reciprocal duty. One participant, Becca (23 years), explicitly stated the responsibility she feels for taking caring of her parents in the future and related this to her own upbringing by her parents.

I think that if they are not to be able to take care of themselves anymore, that we should take our responsibility to take them in our home, or to cook for them. Like, do everything for them, because they did that for us too when we were little. I kind of see that as a trade. I think that is good.

Among participants who more or less rejected nursing homes for their parents are also those who had a certain image of these homes. The image was either shaped by the experiences of their close friends or family, or by their general assessment of nursing homes. For example, some spoke of the contrasting care arrangements of elderly family members in their country of ancestry. Zoe (23 years) illustrated how the concept of taking care of her parents was shaped from the perspective of her upbringing and the example of her parents' and grandparents' relationships:

Well, all those years, your parents have nurtured you as a child. Then, I think it is very humane, or natural or something to also take care of your parents when they are older. And maybe also because, as a child, I always used to see how my parents treated their parents. Just always taking the care upon [themselves] and

a lot of financial [support]. I consider that as normal. Instead of how you also can see it: “[Once turning] 18 [years old] and then I have my life and you [*the parents*] have yours.” So, I think that my upbringing has a lot to do with how I see that with my parents. Of course, it is not always practical, and I also don’t mean you always should become a caretaker, but in general [that is how I perceive this]. I can’t just turn my back on them, so to speak.

Discussion and Conclusion

This study explored the perceptions of young Chinese-Dutch adults from immigrant households living in the Netherlands regarding providing filial care within the scope of “family care”. Their motivations for providing (both current and future) care were found to be grounded in the perceived filial responsibility. This sense of responsibility was supported by reasoning and considerations of a normative and practical nature that included expressions based on filial piety. Current care tasks included language brokering, information inquiry, and facilitative and social support. In most cases, such care was a shared task between the participants and their siblings.

Although language brokering was a common among the majority of the participants, it primarily only became a subject of discussion after prompting about “helping parents with language issues”. This may be explained by their parents having sufficient language proficiency so that only occasional language brokering is required from the participants. Additionally, the parents could have a relatively low need for formal facilities, such as health care, which could explain the “occasionality” of the language brokering situations. However, the fact that language brokering did not easily spring to mind could also reflect the “hidden” and informal nature of the task. These qualitative inquiries may elicit the taken-for-granted nature of the language brokering performed by young immigrants (Orellana, 2003). That is, in the social world of these first- and second-generation immigrants, in which first-generation immigrants encounter language barriers, language brokering is intertwined in the social reality of the participants in the intimate family setting.

Furthermore, as indicated by a few participants, concerns about inaccessibility to information or health care for their parents stimulated the participants to autonomously inquire information that was helpful for their parents. Similar to the literature on language brokering, the respondents perceived themselves as intermediary agents who have a significant influence on the outcome. Accordingly, they are concerned with achieving a result that benefits the party on whose behalf they function (Bauer, 2017; Tse, 1995). The fact that language brokering is seen as an informal, almost natural task for the child could be regarded as a practice of filial piety. Moreover, within the

caregiving continuum proposed by Becker (2007), these tasks could be considered to be care with respect to the responsibility, intimacy, and frequency of these tasks.

Normative and Pragmatic Considerations of Care

The participants considered care to be a moral duty grounded in their perceived sense of responsibility. The participants' responsibility for filial care was determined by two distinct lines of thought. First, filial care was considered to be a universal value and a norm that is upheld as a form of reciprocity for the participants' own upbringing. Second, a pragmatic attitude towards care was expressed. Regarding the future care of their parents, similar reasoning was found based on the parents' needs for nursing care or informal care as a form of reciprocity or as a universal value. This duality of pragmatic and normative approaches may coexist in the participants' reasoning, as both types of reasoning and considerations were given. If a participant dominantly expressed ideas about filial reciprocity and care, such care was tied to his or her current activities and possibilities for realizing these ideals. Although cultural norms lead to some of the described behaviors, some circumstances provide opportunities for alternative solutions for fulfilling filial care. In accordance with the literature, filial piety adaptations may be a response to changes in one's socio-cultural environment, acculturation, or to the practicality of adherence to the conventional exercising of filial piety (Hsueh et al., 2008; Lan, 2002; Lo & Russel, 2007). In addition, the adaptation of filial care was not limited to the immigrant Chinese population but was also reported among the native population in China. The institutionalization of elderly parents, which was previously not accepted by both the parents themselves and their adult children, has become reinterpreted as a filial act when providing care for parents (Zhan et al., 2008).

Moreover, the participants identified filial care as deriving from their cultural heritage. This indicates that there was conscious awareness of such culturally distinct values between the participants' host and heritage cultures. However, the self-identification of their interpretation of filial care varied between two extremes. Whereas some considered filial care to be part of their own values, others did not. This did not mean that the latter expressed less filial responsibility. Rather, the possible difference in expectations for filial care between themselves and their parents was a circumstance in which the younger generation expressed complying with their parents' expectations in order to avoid possible family conflicts. These young adults may have been being considerate of their parents' well-being, as they wanted to limit conflicts by complying with their parents' opinions and views, despite these two

generations possibly holding different sets of values, given their difference in upbringing in the original and host countries. Consequently, the parents' desires were important for the participants in the decision-making regarding care. Therefore, similar to the study of Lan (2002), a compromised plan for the appropriate provision of elderly care to the parents was discussed.

Although filial care was considered culturally specific, it was also mentioned as a "universal value". These two natures of filial care may not necessarily indicate two sides of a dichotomy. One possible interpretation could refer to care as a universal value re-occurring differently throughout cultures as a culturally specific phenomenon—that is, filial care being in origin a universal value that is dressed as filial piety within the Chinese culture. Therefore, culture can bring a gradation of the relatedness of care to the daily lives and reality of individuals. The construct of care as "cultural heritage" and a "universal value" in this study may therefore not necessarily indicate a dichotomy. This is demonstrated in the study of Pharr et al. (2014); Asian Americans consider caregiving to be a natural life course, whereas European Americans perceive caregiving to be an unexpected and disruptive life event. This has been explained by care being interpreted through one's culture, specifically the embeddedness of care in the culture. Filial piety embeds care in the reality of those who have lived in a Chinese culture.

Perceptions of Filial Care among Chinese Immigrants in the Netherlands

The majority of the respondents considered institutionalization to be the least favorable option for the future. This is remarkable, as the general Dutch population tends to rely more on formal care than on family-based care. Comparisons within Europe and between the Netherlands and the United States have stated that the general attitude among the Dutch is that the state should care for the elderly (Cooney & Dykstra, 2011; Haberkern & Szydlik, 2010). Furthermore, as a minority of the participants indicated that their parents were accepting of institutionalization at an older age may imply that this group of first-generation was more acculturated in their expectations for filial care than are those who have a negative attitude towards institutionalized care. This echoes the findings in Australia, where Chinese elderly persons have "Westernized" filial expectations (Lo & Russel, 2007). However, most of the participants were convinced that institutionalization was not a suitable option for their parents. This could be because they believed that their parents were not acculturated "enough". Likewise, other studies in the United States and United Kingdom found that first-generation Chinese immigrants held high expectations for filial care (Dong et al., 2014; Laidlaw et al., 2010).

In any case, the perceptions expressed in this study show that concerns about (elderly) care are not limited to the ages when health complications arise and dependency increases. Rather, filial care appears to be of relevance many years before the onset of parents' major health complications. This specific group may be more aware of care provision, not only because of the norms of filial care from their cultural heritage but also because they have experiences with being caregivers when functioning as a language broker. These findings could correspond to the study of Bauer (2017), in which former language brokers perceived themselves as types of caregivers at a young age.

Practice Implications

The findings of this study imply that the sense of filial responsibility compounds the importance of caretaking among second-generation Chinese in the Netherlands. Additionally, there is a certain reluctance towards formal care within the immigrant Chinese community. In turn, this could forecast how the younger generation might provide informal care rather than outsourcing care. Consequently, the possible caregiver burden among the immigrant Chinese community may not be easily addressed by the caretakers themselves. Awareness and knowledge about the caregiving burden should therefore be promoted within the immigrant Chinese community. More attention should therefore also be given to those who are limited in their language skills, as these people are more dependent on their social networks and are hard for organizations to reach. Furthermore, social and health care workers with Chinese-Dutch clients should take familial dynamics into account, as filial piety emphasizes the interdependency of family members and filial care responsibilities. This may imply that meeting family care needs is equally important, if not more important, than the individual well-being of the caregiver. Focusing on the individual well-being of the caregiver over meeting the family caregiving needs could possibly be perceived as undermining the family ties. It may be better to advise alternative ways to fulfill filial duties while maintaining the filial values of the caregiver and care recipient or to address "care for the self" as necessary for providing family care.

Caregiving can manifest in different forms, and this qualitative study described intergenerational care beyond the realm of its conventional concepts. It specifically attempted to determine filial piety and its practices within the younger Chinese immigrant community in the Netherlands. To our knowledge, such a study has not been conducted previously. Moreover, as family care studies among immigrant Chinese populations have been

predominantly studied in countries such as Australia, Canada and the United States, the Chinese diaspora in European countries is underrepresented in the literature. Further studies in these countries may be of importance, as there are variations in the health care systems and, moreover, as different attitudes are held regarding the field of family care between countries (Cooney & Dykstra, 2011; Haberkern & Szydlik, 2010). In addition, the language capabilities needed for language brokering have not been explored, nor has the relation between the brokers' perception of their language brokering ability and the language brokering itself. Further research is needed to identify given care in the form of language brokering and language comprehension.

Like any qualitative research, this study is prone to bias due to the emic nature of any qualitative inquiry. However, we have tried to limit such bias by having two authors analyze the data independently. The generalizability of the findings to the larger Chinese-Dutch population and immigrant Chinese populations in other countries is limited, as this small-scale study has a convenience sampling strategy. The findings mostly represent the life and views of university students. Though monetary enactment could be more prominent in older caregivers in other studies, such a phenomenon is not demonstrated in this study. Moreover, as it is generally known that a Confucian cultural upbringing values education highly, which therefore implies that parents expect successful educational achievements from their children (Li, 2001, 2004; Park & Chesla, 2010); the findings should be considered in light of the expressions and views having come from individuals who are relatively compliant with their parents' expectations and are well positioned within Chinese cultural standards. Despite these limitations, insights from this study present a novel interpretation of care and filial piety within the immigrant Chinese community. This allowed the study to explore beyond the contemporary understandings of filial piety and care.

In conclusion, although intergenerational care may be different from the normative traditional understandings of filial piety, filial piety still frames the relationship of Chinese-Dutch young adults and their parents, and, accordingly, the meaning of the caregiving of their parents. Filial piety, specifically filial care, is therefore still relevant to the younger immigrant Chinese community in the Netherlands. Hence, it can be argued that caregiving among second-generation Chinese individuals is interpreted through their cultural inheritance.

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